TO SHOW	A STATE OF THE PART WAS A STATE OF THE STATE	ntranali (company)		12 10 00	Page 1
FCC For	m 481 - Carrier Annual Reporting Data Collection Form	N N	FCC For OMB C July 297	ontrol No. 3060-0985/ONAB Control No. 3060-0819	, age I
<010>	Study Area Code	633201			
<015>	Study Area Name	PUERTO RICO TEL CO)	30	
<020>	Program Year	2015		Received & Inspected	
<030>	Contact Name: Person USAC should contact with questions about this data	Inabel Gonzalez	ann-	JUL = 1 2014	
Table 1	Contact Telephone Number: Number of the person identified in data line <030>	7877066580 ext.			
<039>	Contact Email Address: Email of the person identified in data line <030>	igonzale@claropr.c	om	FCC Mail Room	
ANNUA	AL REPORTING FOR ALL CARRIERS			54.313 54,422 Completion Completion Required Required (check box when complete)	
<100>	Service Quality Improvement Reporting		(complete attached worksheet)	- MANA	
	Outage Reporting (voice)		(complete attached worksheet)	* *	
<210>	< check box if no			· / ///////	
<300>	Unfulfilled Service Requests (voice) 3978 633201pr310.pdf			*	
<310>	Detail on Attempts (voice)			√ William	
			latte	ach descriptive document)	
				The second of the Control of the Con	
<320>	Unfulfilled Service Requests (broadband) 3521	3		· ////////////////////////////////////	
<330>	Detail on Attempts (broadband)		l l	V ///////	
	1		(at	tach descriptive document)	
<400>	Number of Complaints per 1,000 customers (voice)				
<410>	Fixed 171.0				
<420> <430>	Mobile 0.0 Number of Complaints per 1,000 customers (broadb	and)			
<440>	Fixed 237.0	and)		- Allilli	
<450>	Mobile 0.0 Service Quality Standards & Consumer Protection Ru	ulas Compliance			
<500>	633201pr510.pdf	nes compilance	(check to Indicate certification)		
<510>			(attached descriptive docum		
1310-			(uttached descriptive docum	eng V	
<600>	Functionality in Emergency Situations 633201pr610.pdf		(check to indicate certification)	/ /	
	ossestptoto.pet				
	1		(attached descriptive document,		
<610>	111				
	Company Price Offerings (voice)		(complete attached worksheet)	Fig. 76, 76, 76, 76, 76	
<710> <800>			(complete attached worksheet)		
	Operating Companies and Affiliates Tribal Land Offerings (Y/N)?		(complete attached worksheet) if yes, complete attached worksheet)		
	Voice Services Rate Comparability		(check to indicate certification)		
	633201pr1010.pdf				
<1010>	8		(attach descriptive document)		
				19	
<1100>	Terrestrial Backhaul (Y/N)?		(if not, check to indicate certification		
<1110>			(complete attached worksheet,	1 111111	
<1200>	Terms and Condition for Lifeline Customers		(complete attached worksheet,	E 型 型 型 型 图 图 7	
	Price Cap Carriers, Proceed to Price Cap Additional [
<2000>	Including Rate-of-Return Carriers affiliated with Pri	ce Cap Local Exchang	ge Carriers (check to indicate certification)	28888	_4
<2005>			(complete attached worksheet)	\$2.750.70x.70x.76x.75x.75	//
22000	Rate of Return Carriers, Proceed to ROR Additional	Documentation Wor			//
<3000> <3005>		S. IIII a god was soo a saa saa saa saa saa saa saa saa	(check to indicate certification) (complete attached worksheet)		1
		No. of G	ourses rectain fresh	Page 1/	
		List ABC	21.4E.	1 08	

	ervice Quality Improvement Reporting illection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control July 2013	No. 3060-0819
<010>	Study Area Code	633201		II	î-
<015>	Study Area Name	PUERTO RICO TEL CO		10 Till 20 10 10 10	
<020>	Program Year	2015			
<030>	Contact Name - Person USAC should contact regarding this data	Inabel Gonzalez	IMP		
<035>	Contact Telephone Number - Number of person identified in data line <030>	7877066580 ext.			
<039>	Contact Email Address - Email Address of person identified in data line <030>	igonzale@claropr.com	well to the		
<110>	Has your company received its ETC certification from the FCC?	(yes/no)	•		
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes/no) C	0		
<112>	If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service. Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your of CETC which only receives frozen support, your progress report is only required to address voice telephony service.	ompany is a			
	Please check these boxes below to confirm that the attached documents(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	ne		Name of Attached Document	
<113>	Maps detailing progress towards meeting plan targets				
<114>	Report how much universal service (USF) support was received				
<115>	How (USF) was used to improve service quality				
<116>	How (USF)was used to improve service coverage				
<117>	How (USF) was used to improve service capacity				
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.		(5)		

(200) Service Outage Reporting (Voice)		AND LAW WINE	FCC Form 48	
Data Collection Form				ol No. 3060-0986/OMB Control No. 3060-0819
			July 2013	The Super administration (Administration)

<010>	Study Area Code	633201
<015>	Study Area Name	PUERTO RICO TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Inabel Gonzalez
<035>	Contact Telephone Number - Number of person identified in data line <030>	7877066580 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	igonzale@claropr.com

	<a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h>></h>
R	NORS eference umber	Outage Start Date	Outage Start Time	Outage End Date	Outage End Time	Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventative Procedures
	. 200		***************************************									
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-					-				+ +			

	ce Offerings including Voice Rate Data lection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	633201	
<015>	Study Area Name	PUERTO RICO TEL CO	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Inabel Gonzalez	
<035>	Contact Telephone Number - Number of person identified in data line <030>	7877066580 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	igonzale@claropr.com	
<701> <702>	Residential Local Service Charge Effective Date 1/1/2014 Single State-wide Residential Local Service Charge		

<703>

<a1></a1>	<a2></a2>	<a3></a3>	<61>	<b2></b2>	<6355	d4>	<bs><bs></bs></bs>	<0×
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fee
		<u> </u>						
						10000	£-1-4	
				See at	tached worksheet			
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						110.00		

(710) Broadband Price Offerings. Data Collection Form		orm 481 Control No. 3060-0986/OMB Control No. 3060-0819 013
	622201	

<010>	Study Area Code	633201
<015>	Study Area Name	PUERTO RICO TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Inabel Gonzalez
<035>	Contact Telephone Number - Number of person identified in data line <030>	7877066580 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	igonzale@claropr.com

cal> 3)	₹a2>	<b1> = 1</b1>	<b2></b2>	₹ ¢>	<d1></d1>	<d2></d2>	<d3> <</d3>	<d4></d4>
State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (selec
 	359							
					10.9M:			

			- See attac worksheet -	n o d				
			WORKSHEEL					
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	×5-47-47-							
<u> </u>	-							

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CONSTRUCTION OF THE PROPERTY OF THE PARTY OF	erating Companies lection Form	The St. of St.		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	633201		
<015>	Study Area Name	PUERTO RICO	TEL CO	
<020>	Program Year	2015		
<030>	Contact Name - Person USAC should contact regarding this data	Inabel Gonza	lez LER	(84.2)
<035>	Contact Telephone Number - Number of person identified in data line <030	> 7877066580 e	xt.	
<039>	Contact Email Address - Email Address of person identified in data line <030	> igonzale@cla	ropr.com	
<810>	Reporting Carrier Puerto Rico Telephone Company			
<811>	Holding Company Telecomunicaciones de Puerto Rico, Inc.			LUAVARE DE LO CONTROL DE LO CO
<812>	Operating Company		·	
<813>	ab		ca2>	<a>3>
	Affiliates		SAC	Doing Business As Company or Brand Designation
			 	
	199-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			
8.5				
		See att	ached worksho	eet
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-	74-144			
-				

and the second second	bal Lands Reporting lection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	
<010>	Study Area Code	633201	
<015>	Study Area Name	PUERTO RICO TEL CO	_
<020>	Program Year	2015	_9
<030>	Contact Name - Person USAC should contact regarding this data	Inabel Gonzalez	
<035>	Contact Telephone Number - Number of person identified in data line <030>	7877066580 ext.	-12
<039>	Contact Email Address - Email Address of person identified in data line <030>	igonzale@claropr.com	
<910>	Tribal Land(s) on which ETC Serves		
<920>	Tribal Government Engagement Obligation	Name of Attached Document	
		Name of Attached Document	
If your c	company serves Tribal lands, please select (Yes,No, NA) for each these boxes		

to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

<921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.

<922> Feasibility and sustainability planning;

<923> Marketing services in a culturally sensitive manner;

<924> Compliance with Rights of way processes

<925> Compliance with Land Use permitting requirements

<926> Compliance with Facilities Siting rules

<927> Compliance with Environmental Review processes

<928> Compliance with Cultural Preservation review processes

<929> Compliance with Tribal Business and Licensing requirements.

Select (Yes,No, NA)

	o Terrestrial Backhaul Reporting ection Form	And the second		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
010>	Study Area Code	633201		
<015>	Study Area Name	PUERTO RICO TEL CO		
<020>	Program Year	2015		
<030>	Contact Name - Person USAC should contact regarding this data	Inabel Gonzalez	MAR	
<035>	Contact Telephone Number - Number of person identified in data line <030>	7877066580 ext.		
<039>	Contact Email Address - Email Address of person identified in data line <030>	igonzale@claropr.com	n	
1120>	Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)			
1130>	Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)			

Lifeline	erms and Condition for Lifeline Customers ection Form	100 g (100 100 g (100 g		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060 July 2013	0-0819
<010>	Study Area Code		633201		
<015>	Study Area Name		PUERTO RICO TEL CO		
<020>	Program Year		2015	TO THE PROPERTY OF THE PROPERT	A SHOPPORE AS
<030>	Contact Name - Person USAC should contact regarding this data	500	Inabel Gonzalez	ense	
<035>	Contact Telephone Number - Number of person identified in data li	ne <030>	7877066580 ext.		
<039>	Contact Email Address - Email Address of person identified in data I	ne <030>	igonzale@claropr.com		
<1210> <1220>	Terms & Conditions of Voice Telephony Lifeline Plans Link to Public Website	НТТР	33201pr1210.pdf	Name of Attached Document	
	Enility Control Website				
or the we	neck these boxes below to confirm that the attached document(s), on line 1 bsite listed, on line 1220, contains the required information pursuant to (a)(2) annual reporting for ETCs receiving low-income support, carriers must report:	.32			
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	/			
<1222>	Details on the number of minutes provided as part of the plan,	1			
<1223>	Additional charges for toll calls, and rates for each such plan.	7			

Data Coll	ice Cap Carrier Additional Documentation lection Form Rate of Return Carners affiliated with Price Cap Local Exchange Carriers				FCC Form 481 OMB Control No. 3060 July 2013	0986/OMB Control No. 3060-8819
<010>	Study Area Code	633201				
<015>	Study Area Name	PUERTO RICO TEL CO				
<020>	Program Year	2015		T		
<030>	Contact Name - Person USAC should contact regarding this data	Inabel Gonzalez	JUR_			**************************************
<035>	Contact Telephone Number - Number of person identified in data line <030>	7877066580 ext.				
<039>	Contact Email Address - Email Address of person identified in data line <030>	igonzale@claropr.com				£1
CHECK th	ne boxes below to note compliance as a recipient of Incremental Connect Ameri support as set forth in 47 CFR § 54.313(b),(c),(d),(d					nd Connect America Phase 11
	Incremental Connect America Phase I reporting					
<2010>	2nd Year Certification (47 CFR § 54.313(b)(1))					
<2011>	3rd Year Certification {47 CFR § 54.313(b)(2)}					
<2012> <2013> <2014> <2015>	Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)} 2013 Frozen Support Certification 2014 Frozen Support Certification 2015 Frozen Support Certification 2016 and future Frozen Support Certification					
	Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))			-		
<2016>	Certification Support Used to Build Broadband					
	Connect America Phase II Reporting (47 CFR § 54.313(e))			-		
<2017>	3rd year Broadband Service Certification					
<2018>	5th year Broadband Service Certification					
<2019>	Interim Progress Certification					
<2020>	Please check the box to confirm that the attached document(s), on I pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support addresses of community anchor institutions to which began providing receding calendar year.	ine 2021, contains the requi shall provide the number, n og access to broadband serv	ired information names, and ice in the			
<2021>	Interim Progress Community Anchor Institutions		Name of 6	Attached Document Listing	Penuired Information	

1000) Ra	to Of Return Carrier Additional Documentation	FCC Form/481
ata Coll	oction Form	OM8 Control No. 3060-0986/OM8 Control No. 3060-0819
200		July 2013
Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, whic		X29892
<010>	Study Area Code	633201
<015>	Study Area Name	PUERTO RICO TEL CO
<020>	Program Year	2015
<035>	Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030>	Inabel Gonzalez 7877066580 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	igonzale@claropr.com
CHECK		
CHECK (nt to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 ne information reported on this form and in the documents attached below is accurate.
(3010)	Progress Report on 5 Year Plan	
	Milestone Certification {47 CFR § 54.313(f)(1)(f)}	
	Za of the support of the support of the support of the support	Name of Attached Document Listing Required Information
(3011)	Please check this box to confirm that the attached document(s), on line 3 § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addre providing access to broadband service in the preceding calendar year.	.012 contains the required information pursuant to asses of community anchor institutions to which began
(3012)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))	
		Name of Attached Document Listing Required Information
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No)
1.5000 300	If yes, does your company file the RUS annual report	(Yes/No)
Please	check these boxes to confirm that the attached document(s), on line 3017	7, contains the required information pursuant to § 54.313(f)(2) compliance requires:
	Electronic copy of their annual RUS reports (Operating Report for	
	Telecommunications Borrowers)	<u></u>
(3016)	Document(s) for Balance Sheet, Income Statement and Statement of Cas	sh Flows
(3017)	If the response is yes on line 3014, attach your company's RUS annual	
	report and all required documentation	
		Name of Attached Document Listing Required Information
(3018)	If the response is no on line 3014, is your company audited?	(Yes/No) O
	If the response is yes on line 3018, please check the boxes below to	
W 15000000	confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains	<u></u>
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a fo	ormat comparable to RUS Operating Report for Telecommunications
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Ca	ash Flows
	Management letter issued by the independent certified public accountant that p	
(3021)		Section for the company's intention adult.
	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2),	
	contains:	
(3022)	Copy of their financial statement which has been subject to review by an	
	independent certified public accountant; or 2) a financial report in a	",1
	format comparable to RUS Operating Report for Telecommunications Borrowers.	
(3023)	Underlying information subjected to a review by an independent certified	
120231	public accountant	
(3024)	Underlying information subjected to an officer certification.	
(3025)	Document(s) for Balance Sheet, Income Statement and Statement of Ca	ish Flows
(3026)	Attach the worksheet listing required information	
		*
	_	Name of Attached Document Listing Required Information

ENGINEERING TO ANNUAL PROPERTY OF THE PARTY	tion - Reporting Carrier ection Form		CC Form 481 DMB Control No., 3060-0986/OMB Control No., 3060-0819 ury 2013
<010>	Study Area Code	633201	
<015>	Study Area Name	PUERTO RICO TEL CO	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Inabel Gonzalez	orge.
<035>	Contact Telephone Number - Number of person identified in data line <030>	7877066580 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	igonzale@claropr.com	

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

l certify that I am an officer of the reporting carrier; my responsib recipients; and, to the best of my knowledge, the information rep	ilities include ensuring the accuracy of the annual reporting requirements for u orted on this form and in any attachment s is accurate .	universal service support
Name of Reporting Carrier: PUERTO RICO TEL CO		
Signature of Authorized Officer: CERTIFIED ONLINE		Date 06/30/2014
Printed name of Authorized Officer: JUAN ZARPAN	Jan Sant 1	
Title or position of Authorized Officer: CONTROLLER - SUB DIRE	CTOR	
Telephone number of Authorized Officer: 7877926052 ext.		
Study Area Code of Reporting Carrier: 633201	Filing Due Date for this form: 07/01/2014	

\$100,000 A 100,000 A 100	son - Agent / Carrier.	FCC Form 481 OMB Control No. 3050-0986/QMB Control No. 3080-0819 July 2013
<010>	Study Area Code	633201
<015>	Study Area Name	PUERTO RICO TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Inabel GonzalezOMC_
<035>	Contact Telephone Number - Number of person identified in data line <030>	7877066580 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	igonzale@claropr.com

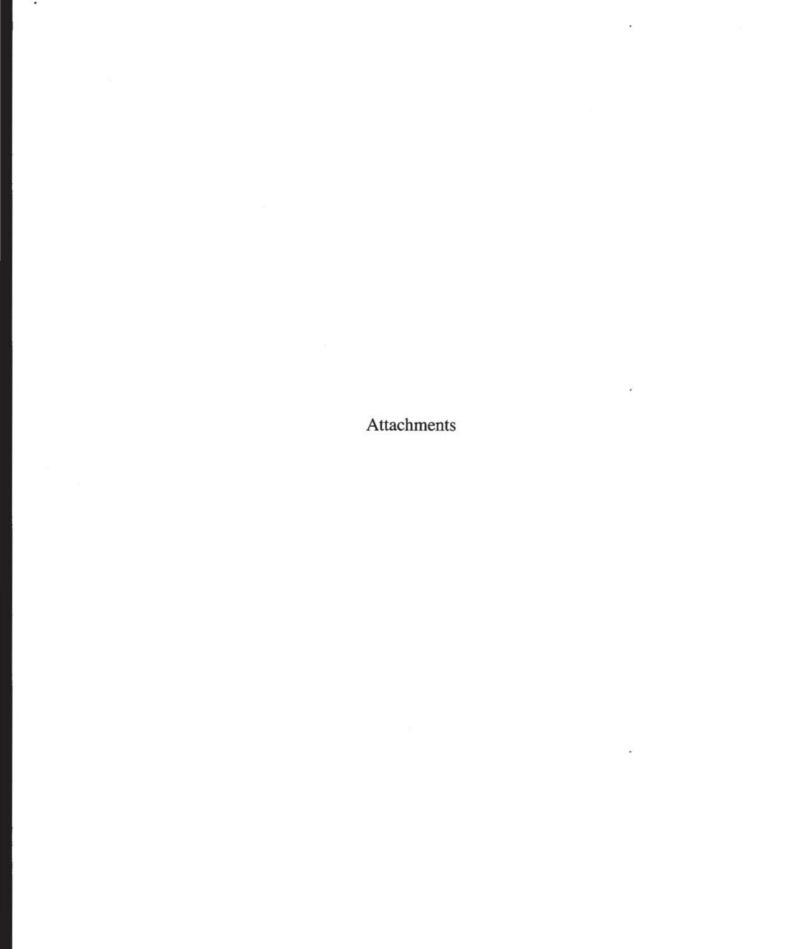
TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

I certify that (Name of Agent) also certify that I am an officer of the reporting carrier; n agent; and, to the best of my knowledge, the reports and	Is authorized to submit the information reported on behalf of the reporting carrier esponsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized ta provided to the authorized agent is accurate.
Name of Authorized Agent:	TO THE PROPERTY OF THE PROPERT
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filling Due Date for this form:

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent	horized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier
	ed to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided rting carrier; and, to the best of my knowledge, the information reported herein is accurate.
Name of Reporting Carrier:	
Name of Authorized Agent or Employee of Agent:	
Signature of Authorized Agent or Employee of Agent:	Date:
Printed name of Authorized Agent or Employee of Agent:	
Fitle or position of Authorized Agent or Employee of Agent	
Telephone number of Authorized Agent or Employee of Ag	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

Page 13



(700) Price (Offerings in	icluding Vo	ice Rate	Data
Data Collect				14

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	633201
<015>	Study Area Name	PUERTO RICO TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Inabel Gonzalez
<035>	Contact Telephone Number - Number of person identified in data line <030>	7877066580 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	igonzale@claropr.com

<701> Residential Local Service Charge Effective Date

1/1/2014

<702> Single State-wide Residential Local Service Charge

<703>

<a1></a1>	<a2></a2>	<e3></e3>	<b1></b1>		<63>	- (<b4>-</b4>		(6)
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fe
PR	PRTC		FR	23.05	0.0	0.12	0.0	23.17
PR	PRTC		FR	21.05	0.0	0.11	0.0	21.16
PR	PRTC		FR	19.35	0.0	0.1	0.0	19.45
PR	PRTC		FR	17.35	0.0	0.09	0.0	17.44
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(710) Broadband Price Offerings Data Collection Form

FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	633201	
<015>	Study Area Name	PUERTO RICO TEL CO	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Inabel Gonzalez	
<035>	Contact Telephone Number - Number of person identified in data line <030>	7877066580 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	igonzale@claropr.com	

<711>

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State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rates and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service -Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select)
PR	PRTC	19.99	0.1	20.09	512.0	512.0	0.0	Other, Unlimited Usage
PR	PRTC	19.99	0.1	20.09	1.0	512.0	0.0	Other, Unlimited Usage
PR	PRTC	24.95	0.12	25.07	2.0	512.0	0.0	Other, Unlimited Usage
PR	PRTC	35.99	0.18	36.17	3.0	512.0	0.0	Other, Unlimited Usage
PR	PRTC	39.95	0.2	40.15	4.0	1.0	0.0	Other, Unlimited Usage
PR	PRTC	59.95	0.3	60.25	5.0	512.0	0.0	Other, Unlimited Usage
PR	PRTC	84.95	0.42	85.37	5.0	1.0	0.0	Other, Unlimited Usage
PR	PRTC	95.0	0.48	95.48	8.0	1.0	0.0	Other, Unlimited Usage
PR	PRTC	99.0	0.5	99.5	10.0	1.0	0.0	Other, Unlimited Usage
PR	PRTC	119.0	0.6	119.6	16.0	1.0	0.0	Other, Unlimited Usage
PR	PRTC	129.0	0.65	129.65	20.0	3.0	0.0	Other, Unlimited Usage
PR	PRTC	139.0	0.7	139.7	30.0	3.0	0.0	Other, Unlimited Usage
PR	PRTC	149.0	0.75	149.75	50.0	4.0	0.0	Other, Unlimited Usage
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<010>	Study Area Code		633201	
<015>	Study Area Name		PUERTO RICO TEL CO	CONTRACTOR
<020>	Program Year		2015	
<030>	Contact Name - Person USAC should contact regarding this data		Inabel Gonzalez	
<035>	Contact Telephone Number - Number of person identified in data line <030>		7877066580 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>		igonzale@claropr.com	
<810>	Reporting Carrier	Puerto Rico Telephone Company		
<811>	Holding Company	Telecomunicaciones de Puerto Rico, Inc.		
<812>	Operating Company			

813> <61>	<825 \$	<a3></a3>
Affiliates	SAC	Doing Business As Company or Brand Designation
Tracfone Wireless, Inc.	633009	Tracfone
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